CLAIMS ONLY

Application Number 09/530,099	**Filing Date**	
4-15-05	**Applicant(s)**	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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49						
50						
Total Indep			2			
Total Depend			7			
Total Claims			9			

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51					1		
52					1		
53				1			
54					1		
55					1		
56							
57					1		
58				1			
59					1		
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92							
93							
94							
95							
96							
97							
98							
99							
100							
Total Indep				4			
Total Depend				11			
Total Claims				15			